Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Richard C. Dunn **Bob Holden** Governor

February 2, 2004

Dear School Nurse:

Thank you for your participation the fluoride mouthrinse program. This program is a simple, inexpensive way to stop tooth decay and only takes five minutes a week in the classroom to reduce up to 50% tooth decay in children.

Included in this packet are the following:

Director

- Supply form
- Instructional sheet
- Permission letter

The supply form must be completed and returned by March 1, 2004. If you have supplies left from last year, please indicate those amounts, as well as the number of students participating. This will help us determine the amount of supplies you will need for the next school year. It is important that you complete the school information section and return form even if you do not need supplies, so that we can keep our database information up-to-date.

The instructional sheet lists the supplies needed, steps on how to administer the mouthrinse, and instructions for storing unused solution.

A permission letter signed by a parent/guardian is required for each student participating in the program and must be kept on file at the school. This letter serves as permanent authorization for participants in the program during their enrollment in the school. Only new students to the program need this letter.

If you have any questions, please call me at 800-891-7415 or email me at thomac@dhss.mo.gov. Thank you for your continued support of the fluoride mouthrinse program.

Sincerely,

Cheryl Thomas

Health Program Representative

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Oral Health Program